UNITED STATES OF AMERICA,

PLAINTIFF,

vs NO. 1:18-CR-02945-WH

JANY LEVEILLE, ET AL,

DEFENDANT.

TELEPHONIC INTERVIEW

OF

HANNAH KASTENBAUM, MD

SEPTEMBER 18, 2020

1:03 PM

investigator in my office, and I want you to find out, you know, an answer to X question, I can send you -- like, there's a messaging -- not messaging -- but like, I can say -- I can send you a note says, you know, "Please find out X."

And you can respond. And then it's tracked in the system. So this gets printed out. It's sort of a running log of activity on the case as people enter those notes.

Q. Got it.

A. And it's separate from the autopsy report, but still part of the file. If you want these, you can request these from the Records Department.

Q. And then is there another software package besides the VAST?

A. So, yes. I'm sorry. The other one is -- because we have a sense of humor, is DIRT, like what you dig out of the ground. And because it stands for the Death Investigation Reporting Tool. And that's what generates the autopsy report. So the death investigation summary we were looking at comes out of DIRT.

Q. Got it. Okay. Great.

A. DIRT was a home-grown project.

Q. Okay. I think I know the answer to this as well, but did you make any attempts to determine the postmortem

interval for [redacted] or time of death?

A. Not really because it's not really possible to do.

Q. Okay.

A. Like, so that page in the report that we were looking at postmortem changes --

Q. Uh-huh.

A. -- so that section of the report goes into the report for every person that gets examined by the OMI and its staff. And the questions are all the same. It's just that there are a variety of answers you can choose, because most of the sections in this report are synoptic-based. Like, there are fixed and drop-down menus, and then there is room for free text in other sections.

So we look at things like rigor mortis, which is stiffening of the muscles; livor mortis, which is the discoloration visible in the organs and the skin from settling of the blood after the heart stops pumping, and sort of extent of purification or decomposition of the body.

But there are sort of rules of some for in a shorter period postmortem, you know, eight to 24 hours rigor mortis sets in and then goes away. Sort of the same time frame for livor mortis, et cetera.

But when you get into decomposed and/or mummified

remains, such as those of [redacted], there are a lot of variables. Like, there's no time frame sort of guidelines. Like, how long does it take until a body (inaudible) decomposed or until the brain is liquefied, and the skin is mummified? It depends on the environment the body is in. So it's going to be different in the hot, dry, dry, New Mexican, rural environment than it would be in the humid Pennsylvania environment. So there really isn't any way for me to assess how long he's been dead.

He's been dead -- he had been dead a while because he was mummified. His brain was liquefied. That doesn't take long in New Mexico, like that can happen in a week or two, because it's hot. The body rots quickly or more quickly. So it just depends on the environment. So I can't make any assessment of how long he's been dead.

Q. If you were given more facts, more information, from say, an investigator or information that the investigators gathered, statements from witnesses or things like that, can you then make a determination, or it's still not possible?

A. So I can review and consider information like that, but it's not going to be a medical or pathologic assessment. I mean, I can look at information. It'd be like, "Sure. It looks like he could have been dead three months, six months," whatever the other investigative

information suggests.

But again, it's like -- so I can try and see if the two fit, what the investigation turns up, and what the body looked like, but I don't know that I can so with any degree of certainty.

Q. Okay.

A. Like, the investigative information is, frankly, your best bet, and that's what I tell families of people who are more recently deceased.

"Well, can you tell exactly what time he died or exactly what day?"

"No. Sometime after he was last seen alive," which depends on other investigative information, of course. And also, that I wish I was that good as a television forensic pathologist, who can just, you know, look at the body and touch them and be like, "Oh, well, clearly this happened at 10:30 last night" or, you know, "seven-and-a-half weeks ago" or whatever. But the science doesn't hold up.

Q. And so, you don't take information provided from those sources and say, "Okay. To a reasonable degree of medical certainty, I can conclude X, Y, or Z based on what I'm seeing"?

A. Yeah.

Q. It sounds like what you're saying.

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A So I can try, but I don't know that there'd really be any medical certainty attached to it

Q. Got it. Okay. And then --

A Like, somebody might be able to tell you that, who has a broader knowledge basis in -- what's the word -- taxonomy, how bodies break down under different conditions So an anthropologist might be able to comment on that But yeah, I won't be able to be real specific

Q. Okay. And then let's talk about the manner of death, and the manner of death was undetermined?

A Uh-huh

Q. And you listed -- I'm looking at now, page 3 of 23 of the Death Investigation Report where it has a summary and an opinion.

A Uh-huh

Q. You said essentially, due to limitations of autopsy, histology and toxicology and decomposed remains, cause of death could not be determined?

A Yeah

Q. So I think I know what autopsy and toxicology is. What's histology?

A So histology is looking at tissue under the microscope So tissue on slides

Q. Oh, okay.

A Yeah

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Q. And then the toxicology, I know you sent that out, and we have a report from a toxicologist. Is that the information that you rely on for this report, the information that the toxicologist provides, or do you do any of your own independent studies or tests?

A. I rely on the information that's (inaudible) the toxicology laboratory provides in the format of their reports. So there are -- I have two versions of the toxicology report that were generated by NMS Laboratories. They're a reference through a commercial -- not reference -- they were a commercial laboratory that's actually not far from Philadelphia.

They do a lot of forensic work for offices like us all over the country, and because they have a large volume of cases that they charge industry prices for, they can generate a lot of data, a lot of methodology, a lot of testing methods. And they can offer, therefore, tests for a really wide array of drugs, more so than --

So at the OMI, the other option for doing toxicology testing was the State Department of Health toxicology lab. They are much less staffed, funded, equipped, et cetera, because their workload is smaller, and New Mexico is smaller and poorer. So whenever possible, and certainly when they were more advanced or more specific, the OMI sends their toxicology studies to

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NMS. That's who they have a contract with. They went through a bid process at some point.

So anyway, so I'm dependent on the information I get in the report from NMS, and then I also -- I think I documented it in the case notes -- I had talked to -- so NMS really provides a spectacular service because you can also call them up and be like, "I have a question about my report. Can I talk to one of your people?"

And they'll call you back and talk to you, or you can reach them by e-mail. Anyway, so I discussed the case by e-mail with -- where -- I don't want to give you the wrong name -- Bill Anderson, who's a toxicologist, PhD toxicologist, NMS. He handled a lot of the interpretation work on the OMI cases. And at some point, I had also called and spoken to a Dr. Dan Isenschmid, who is another PhD toxicologist at NMS. So I relied on the information I got, any written reports, and that I got from talking to Drs. Anderson and Isenschmid.

And then at some point I had in my notes -- so part of when there was a complicated or challenging case that anyone in the office has handled, and you want to get input from your colleagues, you can present the case to them at the -- there's a conference for this -- I forgot how often it was -- once a week, every other week, there was a regular conference. And everybody came to the

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conference. All the doc, all the trainees, one of the investigators, et cetera. And so, you could discuss the cases together.

And the other group who came to that conference regularly were the faculty from the Poison Control Center, the New Mexico Poison Control Center, which is based out of UNM Hospital. And they have -- they are -- let's see -- I think they were largely ER or internal medicine-trained physicians, but who had more experience treating live patients with toxic injections, overdose, et cetera.

And so, had more knowledge on that score, and also on the sort of pharmacology, how drugs and substances are not only handled by the body. So I also had some input from the head of that. I don't know if he still is, but it was Dr. Steven Seifert, who's the head of Poison Control Center.

Q. And did Dr. Seifert have any opinions that differed in any way from your ultimate opinions in your report?

A. No. The -- that came up sort of in regards to the toxicology testing where they were concerned that [redacted] may not have been given his anti-epileptic medications. So [redacted] had a history of seizures as a result of his brain injury at birth. And so, he was

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maintained on -- I think the information we got either from his medical records or from the Sheriff's Office -- was that he was prescribed Diazepam and levetiracetam, the trade name of which is Keppra.

So Diazepam is a benzodiazepine sedative. They're used in the treatment of all kind of things, but can be used for seizures and levetiracetam or Keppra is the medication for seizures. So we were -- specifically we wanted to know did the testing we ordered cover those drugs, because it's not like TV where you send it off to the tox lab. They test for everything under the sun, and ten minutes later you have a report. I wish. You have to order specific testing. Like, you have to ask for specific drugs to be tested, and they're offered in panels of drugs.

So the panels we ordered did include those two drugs, and the test results were negative for both drugs. But they were testing liver tissue, because [redacted] remains were in such a state that blood no longer exists and had decomposed.

So are there any limitations of testing liver tissue instead of blood, like, is this a real negative or not? You know, does the negative result you're telling me about mean the drug is not in his system, period, or does it mean, well, maybe. I can't detect it. Like, maybe

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it's there, but because it's -- the tissue -- the test isn't that great. And so, it's a false negative. Is it a limit of detection problem such that -- which all tests have, like, there's -- well, there is a lower limit, like you have to have above X number of X amount of whatever substance in the blood or tissue to trigger the positive result, like, the test can detect?

Q. Sure. Yeah.

A. So anyway, so these are the sorts of things that I discussed with Dr. Isenschmid and Anderson and Dr. Seifert, and the consensus was that -- so that either scenario is possible.

A true negative meaning, there is neither of these drugs in his system, or a false negative because the drug has broken down in the decomposing tissue, or a false negative because the drug is present but in too low a level to be detected, because the limit of detection, the lower limit of detection, apparently, in tissues as opposed to blood is greater. I don't know why.

Q. Okay.

A. But --

Q. So --

A. So those are the sorts of things we discussed. And just part of the reason the cause or manner came down to undetermined, because I can't be 100 percent certain

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that he didn't have these drugs in his system or that he doesn't have enough for me to find or sort of -- if that makes sense.

Q. It does. And so, I guess, kind of like the question I asked you before about PMI --

A. Uh-huh.

Q. -- setting aside whether the information is credible or not, if you got information that [redacted] was given his medication or was not given his medication, does that change whether you can give an opinion about cause of death, as it relates to these medications?

A. Unfortunately, no. Because in general, if -- so in general, people who have seizure disorders whether they are because of a birth insult, like in [redacted] case, or a brain tumor or head trauma, fall down, hit your head, get into a car accident, whatever, there are a number of different ways in which the brain gets irritated and responds with seizures.

And so, people who have seizure disorders are at an increased risk of sudden and unexpected death. There are various theories as to why. But then at autopsy -- so these people frequently get autopsied because they're found dead, and that's the only history they have. And unfortunately, at autopsy -- so seizures, it's like, seizures are diagnosed in living people by either

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witnessing the symptoms, the shaking, the tongue biting, you know, the collapsing, sort of what you -- what the common public thinks of as seizure activity.

Q. Yeah.

A. So that being witnessed or by detecting seizure activity in the brain, which irregular electrical activity in the brain by monitoring the brain for that with an electroencephalogram or EEG. They hook up little electrodes to the outside of your head, and then they look at your brain waves for a while. And so, I can no longer do that to a dead person. There are no more -- there is no more electrical activity in the brain, period, normal or abnormal.

So you can't -- there's no way, postmortem in a deceased person, to diagnosis whether or not they had a seizure immediately before they died. Like, you can't include it or exclude it. So even if [redacted] remains were -- even if he had been more recently deceased when he got examined, even if -- you know, I probably would not have -- the brain may have -- we may have been able to see why he was having seizures, evidence of his hypoxic insult at birth, evidence in other cases of old trauma or brain tumor, or whatever the cause is, and we can do toxicology testing for anti-epileptic drugs.

But just because you take your medications,

doesn't mean you're not going to have breakthrough seizures. So the short version of my -- I'm sorry -- I tend to ramble.

Q. That's okay.

A. So having even a therapeutic level of your anti-epileptic medication in your blood does not 100 percent guarantee you will not have a seizure. It makes it much less likely, but it doesn't totally exclude it. So people can die of their seizure disorders whether or not they are following their treatment regimen.

Q. And upon autopsy after their death, it sounds like there isn't a great way to determine whether the seizures -- what caused the death?

A. Correct.

Q. Okay. So one of the other questions I have, you listed in manner of death, possibilities. And that include, but are not limited to. And so, the question I have is the ones you did choose to include, why did you include --

A. Uh-huh.

Q. -- those ones as opposed to others?

A. So -- because they seemed like, given what I knew about the story, the circumstances surrounding [redacted] [redacted] departure from Georgia and living at this compound and what I knew of this compound, and the state of the

other children there, these seem like likely possibilities Certainly dehydration and starvation are likely possibilities

[redacted] by virtue of being in the wheelchair, developmentally delayed, is certainly at risk for infection And I can't totally rule out -- what else did I list -- so infection -- we talked about dehydration and starvation We talked about why you can't rule in or rule out definitively his underlying seizure disorder, and I can't be 100 percent certain that a medication or other toxic substance wasn't in his blood, because there's a limit of -- a fixed list of substances we did look for, and a fixed list of substances we are -- that the laboratory is capable of looking for So that doesn't exclude or include 100 percent of a possibility

Q. Okay. And regardless of what information you're provided about the story and, you know, witness statements and law enforcement statements --

A Uh-huh

Q. -- even with that information, based on the scientific information you obtained, you're not able to say to a reasonable degree of medical certainty what the cause, in fact, was?

A Correct, or that's mostly likely

Q. Okay. And you -- because you said the

possibilities "include, but are not limited to," there are other possibilities out there that may have happened, but given the state of the body --

A. Sure.

Q. -- you couldn't --

A. So I can't -- so there are no signs of injury in his skeleton, which is intact. So we can still get a good look at (inaudible). The CT scan and the X-rays are really good at that. Like, we're not going -- like, I can't -- in a typical autopsy, I do not get a good look at the skeleton because all of the flesh is still there.

But -- so the CT scan allows you to see through the flesh, as it does with living people, so you can see the bones. But -- so -- but his organs decomposed. His skin is mostly intact, just mummified. So I feel pretty good that I didn't miss something like a gunshot or a stabbing because I would still be able to see that defect in the skin.

But I may not see any evidence on his body if, for example, he got smothered because even in people who are found dead shortly after being smothered, there may not be any autopsy findings. But the state of his remains is certainly going to obscure whatever may have been there. So there's some injuries I can't exclude --

Q. Well, let me --

A -- in a natural disease I can't exclude, because I can't -- I'm not really getting a very good examination of his organs because they're decomposing

Q. Got it. So let me ask you about that. So smothering would be an example, you know, of respiratory arrest. Like, you know, he couldn't breathe, his airway was restricted in some way.

A Uh-huh

Q. Is there a way to tell that in non-decomposed children or bodies, if there was a smothering or, you know, some sort of asphyxiation?

A So the types of things we look for in children or adults who are not decomposed -- well, who are decomposed, but also, who are not decomposed -- we look -- so how are the ways in which someone can asphyxiate or suffer a lack of oxygen? Compression of the neck, certainly, that may leave injuries to the skin, to the -- there are muscles that connect various parts of your skull to your clavicle and sternum called your "strap" muscles in your neck And they're in very set layers

So we'll look for injuries to the muscles, so under the skin We'll look for injuries to the larynx, the voice box, and the hyoid bone, which is a little U-shaped bone at the base of the tongue, a hemorrhage in the tissue There are fractures of the bones, so the

structures had to have been fractured at the time of autopsy because those structures -- certainly, a bone is going to -- you know, will not decompose away. I'm not sure what the time frame for that would be.

But the hyoid in children is at least partly cartilage, but that's still present. So we'll look for injuries to the deeper structures that you can tend to see with compression from the outside of the neck. We open those structures, so if he had choked on something, we would look for it. But anything in his airway is going to decompose, just like the rest of him. So if there was a chunk of chicken that he couldn't swallow because he has swallowing problems, it's probably not there anymore.

Q. So let me ask you this --

A. And then --

Q. You know --

A. -- for suffocation, it is -- we also look for -- in any of these kind of asphyxial deaths, petechiae, which are pinpoint hemorrhages that can be seen on the face, on the oral mucosa, inside the eyelids, on the eyes, but those tissues -- so -- you know, we look for them, but I don't recall if he had eyes anymore. I'd have to look at the pictures.

Q. I think the --

A. I said I couldn't assess them, and they're not --

both eyes are absent

Q. Yeah, there you go.

A So these -- so sometimes there are findings at autopsy that will go along with an asphyxial death Not always, sometimes

Q. But there wasn't any evidence in this case of that type of death.

A Correct But the more subtle evidence, like the petechiae, the pinpoint hemorrhages, I'm not going to be able to see even if they were there because of the state of his remains

Q. Got it. Okay. So if say, something, you know, an investigator, a witness, somebody there said, you know, "It's -- there was some kind of, you know, ritual." There was information about rituals --

A Uh-huh

Q. -- taking place, and this was done on [redacted]

A Uh-huh

Q. And he was put in such a position or a place where asphyxiation was possible, you're not able to take that information with what you have and say, "Yeah, I think to a reasonable degree of medical certainty that happened," because you don't have enough evidence; is that right?

A. Yes. So I think it would be really hard for me to -- I think -- so I would try to consider the information you're giving me from these other investigative sort -- it would be like, "Does that match what I saw at autopsy or not?" Like, "Can I rule it in or can I rule it out, and to any degree of certainty?"

And I think it is unlikely that I could really exclude anything, except like -- well, I don't think his neck was crunched because his hyoid bone is intact, but I can't tell you what position he was in when he died. So if -- or if he was covered with something or -- you know, so --

Q. Okay. So --

A. -- am I answering your question?

Q. You are. I think you said you can't exclude it, but --

A. Yes.

Q. -- also true that you can't take information supplied to you by witnesses or investigators, and reach a conclusion because you don't have enough evidence from your report, your examination, and investigation?

A. Yes. That doesn't mean that -- so, you know, I've made a medical assessment as best I can of cause and manner of death. But if there is -- hmmm -- how do I want to -- yeah, which is really as far as I'm able to go.

So --

Q. Yeah. And --

A. -- if you're able to make the argument some other way, based on some other evidence -- I mean, you can ask me that. I'd be like, "Well, it's possible." That's probably all I'm going to be able to say, "It's possible" or "No, I don't think that's possible because of X, Y, or Z." But I'm not sure like, how much certainty I'm going to be able to give. That opinion is probably limited.

Q. Got it. And I'm not saying it did happen or didn't happen. I'm just saying --

A. Sure.

Q. -- that because of the state of the body, the decomposition, you can't give a medical opinion for us.

A. Correct.

Q. Okay. All right. Is there -- I mean, I always assume that pathologists were the source on cause of death. You know, could some other physician from some other area help you in any way, or we just don't have enough information because of the state of the body?

A. An anthropologist -- so -- which is not a medical physician, but they're a PhD-level professional --

Q. Uh-huh.

A. -- might be able to render an opinion about how long it takes to get mummified like this.

Q. Okay.
A. So they might be able to give you an opinion on that score. But, yeah. We have -- we are the most commonly asked to assign cause and manner of death based on an examination of the body.
Q. Yeah. And I -- you know, I assume if someone comes into the ER with a gunshot to the heart and they die on the table, the ER doctor could probably tell us the cause of death. But otherwise --
A. So the ER doctor can certainly give you an opinion and tell -- look, let me finish.
Q. No, no, no. I --
A. I don't mean -- I don't mean to nay say ER physicians. They are very talented and very knowledgeable people, and I couldn't do what they do.
Q. Yeah, yeah, yeah.
A. But legally, an ER could not write and sign that person's death certificate. So only coroners and medical examiners can certify deaths as being due to anything that's not natural. So --
Q. Got it. Okay.
A. -- an ER physician can -- or the surgeon who opens -- who cracks that guy's chest -- can certainly say, "No, his heart is shredded. That's why he's dead. And this hole and this hole look like bullet holes."

So yes, they can certainly tell you that. But myself or someone in a position like mine would be the one to sign on the dotted line and put that on a death certificate.
Q. What about to testify in the court to a reasonable degree of medical certainty?
A. I mean, I don't know what other -- what physicians in other specialties get asked to testify to and how comfortable they are doing so. I don't know.
Q. Got it. Okay. And I -- you answered the question for me, I think already, but there was no evidence that you could glean from your examination of [redacted] that he had any kind of airway obstruction like from food or something else, vomit?
A. Correct. There was no evidence of such.
Q. Okay. Oh, let's see here. I got that one. I'm checking a couple of different things.
MS. JOHNSON: (Inaudible). Can I ask just a quick question to Dr. Kastenbaum?
MR. VILLA: Yeah. Why don't you go ahead. I think I'm running out of questions. Please.
EXAMINATION BY MS. JOHNSON
Q. Okay. Real quick. And I believe this was addressed by one of the other physicians. I think the radiologist, Dr. Kastenbaum.

A. Uh-huh.
Q. There appears on one of the X-rays, it indicates Harris lines. What are those, and do they play any significance in your ultimate opinion?
A. So my understanding is that -- I'm looking at my notes for reviewing everything. Harris lines are also called growth resumption lines, and they are lines that show up in X-rays of bones. I don't believe there's anything you can see if you're looking at somebody's skeleton. But in X-rays and bones they show up. And my understanding is that they are caused by stoppage and restarting of growth of the bones --
Q. Oh, okay.
A. -- due to some stress on the body. Nutrition, other poor conditions, developmental issues, et cetera.
So we had tried to sort of -- this was something that was noted in the anthropology report. And I have a -- Doctor -- let's see -- Dr. Mlady, who was the chair -- Gary Mlady was at the time -- I don't know if he still is because I'm not there anymore. He was at the time the chairman of the Department of Radiology at UNM Hospital, and he would do some consult work for us regarding interpreting X-rays and CT scans, because he's a radiologist, and that's what he does. You know, like, his training is different from mine. So his -- I don't

know -- I don't -- I didn't know if it was in the packet you sent me or not, but he had written like a short, one-paragraph --
Q. I think you --
A. -- report that's signed with his -- there's no real heading on it except the OMI case number. And it says when he looked at extremity radiographs, and then he signs it at the bottom. And there he was looking at -- he was -- we were trying to determine if we could -- what [redacted] skeletal age was, if he could tell how old he was when he died by looking at his skeleton. That's what he was looking at. But then he also mentions the growth arrest line, which is another way of saying "Harris lines." So yeah, my understanding --
Q. (Inaudible).
A. -- is that it is stoppage and restarting of growth of the bone due to some kind of stressor.
Q. Right. And he doesn't -- Dr. Mlady doesn't link those to injury or --
A. No. And that would be another thing that Dr. Mlady -- he doesn't write it in his own report, but I have -- I had put in a paper file at the OMI some e-mails we had exchanged -- excuse me -- which is usually how we got a consult out of Dr. Mlady, "Hey, Dr. Mlady, we have a CT scan on case-whatever. Would you look at it?"

Because he can pull it up on his computer at the hospital, and whatever. So he would send an e-mail and say, "I don't see any evidence of injuries." I'm looking through my pile of papers. I'm sorry. I don't know.

So I know these documents exist in the OMI file. There are some parts of the file that are exempt from subpoena. You have to get a court order for them. So you would have to ask the Records Department if these fall in that category or not, because I don't know.

So I have an e-mail from Dr. Mlady. So he reviewed the CT scan, which basically includes X-rays of the entire skeleton, the whole body, and saw no evidence of skeletal injury.

Q. Okay. That answers my question.

A. So yeah. So it's not in his brief report, but it was in an e-mail. And they're in the file, but I don't know if you're entitled to those. But the records (inaudible), like, you could call and tell them you know these exist, and how do you get them, and they could tell you.

Q. Okay.

A. Because I don't know the rule.

MS. JOHNSON: I don't have anything else.

Ryan?

DR. KASTENBAUM: Okay.

FURTHER EXAMINATION BY MR. VILLA

Q. I have one question I didn't ask you. You talked about the case review with the your colleagues and the fellows.

A. Uh-huh.

Q. And the trainees and staff, did anyone disagree with your opinions, your conclusions in the report?

A. So there's no formal record of these conferences. But I had taken some notes sort of after, so that I could present the case to the group, et cetera. And I made some notes as to like, well, you should get this information for follow-up, and looks like, according to my notes, that we discussed it as early as later in August.

Anyway, no, the consensus was to go with "undetermined." Undetermined because we didn't really have -- we didn't have evidence of anything in particular at autopsy. So the autopsy and follow-up studies are certainly limited by the state of his remains. And so, it seems that the safest best was to go undetermined, based on what we had.

MR. VILLA: Okay. That was my only follow-up.

Erlinda, did you have anything else or was that all?

MS. JOHNSON: I don't. You guys -- you covered everything, I think that we needed to cover.

MR. VILLA: Okay.

MS. JOHNSON: You're very thorough, Dr. Kastenbaum.

DR. KASTENBAUM: Thank you.

MR. VILLA: Well --

DR. KASTENBAUM: A question for you.

MR. VILLA: Certainly.

DR. KASTENBAUM: So is this -- so you mentioned the name of the case, U.S. versus whoever it was. So this is a criminal proceeding, I assume?

MR. VILLA: Yes. We represent --

DR. KASTENBAUM: Yeah.

MR. VILLA: -- two different -- of the defendants.

DR. KASTENBAUM: Sure.

MR. VILLA: -- in the case.

DR. KASTENBAUM: That's okay. I -- it's none of my business who they are. I never have this information. I'm just curious if you know anything about an eventual trial.

MR. VILLA: There is no trial date, right now. The case is --

DR. KASTENBAUM: Okay.

MR. VILLA: -- currently on a stay for competency proceedings.

DR. KASTENBAUM: Okay.

MR. VILLA: And so, you know, it's probably a long ways away.

DR. KASTENBAUM: Okay. Just curious.

MR. VILLA: Sure. No problem. Well, thanks again for your time. I'm going to stop the recording.

DR. KASTENBAUM: You are very welcome. I will send you an invoice on Monday because all that stuff's on my work computer. Actually, well, I'm working this weekend, but I don't know that I'll have time, so probably Monday. And if you need anything else from me, you know how to get in touch.

MR. VILLA: Sounds great.

(End of interview.)

In Re:
U S vs Jany Leveille, et al

CERTIFICATE

I, Michele Nelson, New Mexico Certified Stenotranscriptionist, DO HEREBY CERTIFY that the above captioned transcription was prepared by me; that the RECORDING was reduced to typewritten transcript by me; that I listened to the entire RECORDING; that the foregoing transcript is a complete record of all material included thereon, and that the foregoing pages are a true and correct transcription of the recorded proceedings, to the best of my knowledge and hearing ability The recording was of GOOD quality

I FURTHER CERTIFY that I am neither employed by nor related to nor contracted with (unless excepted by the rules) any of the parties or attorneys in this matter, and that I have no interest whatsoever in the final disposition of this matter

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Michele Nelson,
Certified Stenotranscriptionist